

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

0000

Registrar's No.

258-63-019334

STATE FILE NUMBER

FILED MAY 20 1963

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>MO</u> b. COUNTY <u>CAPE GIRARDEAU</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KINDER</u> | | Length of stay in 1b | c. CITY OR TOWN <u>Jackson</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 MILE EAST - Burfordville, Mo</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>RFD #4</u> |
| | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|---|----------------------------------|---|---|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>MARTHA</u> Middle <u>LILLIAN</u> Last <u>PINKERTON</u> | | | 4. DATE OF DEATH Month <u>MAY</u> Day <u>10</u> Year <u>1963</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb 17, 1948</u> | 9. AGE (last birthday) <u>15</u> | IF UNDER 1 YEAR Months <u>15</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u> | | 11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Charles Pinkerton</u> | | 13b. MOTHER'S MAIDEN NAME <u>HALLIE RUMFELT</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>NONE</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>N/A</u> | |
| 17. INFORMANT <u>HALLIE RUMFELT PINKERTON, Jackson, Mo</u> | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u> | | INTERVAL BETWEEN ONSET AND DEATH. | |

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|---|--|---|--|--|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Walking alongside Hwy #34 - car striking her from behind.</u> | |
| 20c. TIME OF INJURY Hour <u>11:10</u> a.m. <u>11:10</u> p.m. <u>11:10</u> | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy #34 near Burfordville</u> | |
| 20f. CITY, TOWN, OR LOCATION <u>Jackson</u> | | COUNTY <u>MO</u> | | STATE <u>MO</u> | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>11:10</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <u>W.G. Ford</u> | | (Degree or title) <u>Coroner</u> | | 22b. ADDRESS <u>Cape Girardeau Mo.</u> | |
| 22c. DATE SIGNED <u>5-13-63</u> | | | | | |

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | | | | | |
|--|--|-------------------------------|--|---|--|--|--|----------------------|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>5-18-63</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>High Hill Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>RFD #4 - Jackson, Mo</u> | | (State) <u>MO</u> | |
| 24. FUNERAL DIRECTOR <u>J.M. Baudinet, Jackson, Mo</u> | | ADDRESS <u>Jackson, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-18-63</u> | | 26. REGISTRAR'S SIGNATURE <u>Dennis Kasten</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

1 0160

2 0160

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4 1

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7 0

8 2

9 X

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11 016

12 91-3

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by J. C. Bond, Jr., Student Embalmer No. 672
working under my personal supervision.

Student

J. C. Bond, Jr.
Signature of Student Embalmer

Signed

Wm. C. Crawford

Licensed Embalmer No.

4327

P. O. Address

Jackson, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.